

Hooked: The History of Race and Drug Prohibition in America, 1880-1930

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Abstract: Drug prohibition had pathologizing effects on minority groups in America between 1880 and 1930 when prohibition laws were stringently enforced among Chinese and Mexican immigrants as well as Black Americans. From this research, it is clear that anti-narcotic legislation affected Chinese immigrant and Chinese American communities, anti-cocaine legislation affected Black American communities, and anti-marijuana legislation affected Mexican immigrant and Mexican American communities. This is primarily due to the manner in which state and federal governments inequitably enforced these laws in minority communities as opposed to drug law enforcement among predominantly Caucasian communities, where the focus was on liquor. These laws affected Chinese immigrants, Black Americans, and Mexican immigrants by perpetuating harmful stereotypes about these groups, imposing great financial and personal harm to them, and criminalizing their illness and nonviolent behavior.

Introduction

The Progressive Era gave rise to a nationwide temperance movement that drew attention to substance abuse in American society. The movement, largely motivated by religious beliefs, treated addiction as a blameworthy vice that would damage the very fabric of society. Specifically, drug prohibition became a large part of the temperance movement, even before the banning of alcohol. The anti-vice movement was also racially motivated as anti-drug use legislation also included xenophobic and segregationist policies that had an isolating and othering effect on certain groups in the addict population of the United States. These laws affected Chinese immigrants, Black Americans, and Mexican immigrants by perpetuating harmful stereotypes about these groups, imposing great financial and personal harm to them, and criminalizing their illness and nonviolent behavior.

The opium poppy plant, a native of Turkey, was first introduced into China by Arab traders between the fourth and seventh centuries.¹ It was widely used in China as a medicinal herb before the British East India Company entered the international opium market for imperialist gains.² Britain and other imperial powers established themselves as opium traders in China in 1715 and acquired a monopoly in 1773.³ In China, this led to an increase in opium use, which led to the Qing government's subsequent restrictions on opium trading. These restrictions

¹ Chris Feige and Jeffrey A. Miron, "The opium wars, opium legalization and opium consumption in China," *Applied Economics Letters*, Boston, MA, 2008, p. 912.

² Ibid, p. 911.

³ Ibid, p. 912.

caused a series of conflicts between Britain and China that culminated in the First Opium War, which lasted from 1839 to 1842.⁴ The end of the war was marked by the signing of the Treaty of Nanjing in 1842.⁵ The treaty gave the British more access to trading ports in China, even though opium was still not officially legalized in the country. The Second Opium War broke out in 1856, which ended with the Treaty of Tientsin in 1858.⁶ During this time in the mid-19 century, Chinese migration to the United States occurred in phases and by 1876, 100,000 Chinese immigrants were living in the United States and three-quarters of this demographic lived in California.⁷ This group of Chinese immigrants largely consisted of laborers who arrived on a credit-ticketing system in which immigrants “agreed to repay the cost of [their] passage, plus interest, through [their] labor in California” and remained a “virtual slave” until that debt was repaid.⁸ These individuals came from a country where opium use was commonplace due to the British Empire’s influence and cultural views of the drug in China.⁹ Opium had a long and storied history in China and while its use in the United States also involved addiction, people usually became addicted through medical prescriptions rather than recreational use. The increase in Chinese migration coupled with anti-Chinese sentiment and a rise in recreational opium use among white Americans led to anti-opium legislation and the Chinese Exclusion Act of 1880.

Cocaine came from the *Erythroxylum coca* plant, which found its roots in South America, Indonesia, the West Indies, and Mexico.¹⁰ The leaves of the coca plant were used by many civilizations in the region as an anesthetic during surgical procedures.¹¹ It was also used to treat fatigue in certain regions, particularly in the Andes Mountain, where the air was thinner and affected the populace.¹² In 1492, conquering Spaniards banned the drug, but soon allowed its use with a ten percent tax.¹³ The drug was used during this time by laborers in the silver mines

⁴ Ibid., p. 912.

⁵ P. E. Caquet, “Notions of Addiction in the Time of the First Opium War,” *The Historical Journal*, 2015, Cambridge University Press, Cambridge, UK, 29 Oct. 2015, pp. 1009-1010.

⁶ Chris Feige and Jeffrey A. Miron, “The opium wars, opium legalization and opium consumption in China,” *Applied Economics Letters*, Boston, MA, 2008, p. 912.

⁷ George F. Seward, *Chinese Immigration, in Its Social and Economical Aspects (1881)*, Scribner’s Sons, New York, 1881, p. 1.

⁸ David T. Courtwright, *Dark Paradise*, Harvard University Press, Cambridge, MA, 2001, p. 66.

⁹ Ibid., p. 64.

¹⁰ Rachel A. Goldstein et. al., “Cocaine: History, Social Implications, and Toxicity—A Review,” *Disease-a-Month*, vol. 55, iss. 1, 1 Jan. 2009, <https://www-clinicalkey-com.ezp3.lib.umn.edu/#!/content/playContent/1-s2.0-S0011502908001363?scrollTo=%23top>.

¹¹ Ibid.

¹² Ibid.

¹³ Ibid.

because it reduced appetite and increased stamina in the worker.¹⁴ In the middle of the 19th century, a Ph.D student named Albert Niemann isolated the cocaine alkaloid from the coca leaf, unwittingly creating one of the most addictive drugs of the modern age.¹⁵ The substance went on to be used in alcoholic beverages, such as Vin Mariani in 1863.¹⁶ In addition, the drug was also used in Coca-Cola in 1886, a drink that many at the time believed treated alcoholism. The medical community praised cocaine as an anesthetic as well, with many medications containing cocaine as an active ingredient as well. The pharmaceutical industry profited from the drug until 1916, but questions about cocaine's downside were raised far before the official changes to medical treatments.¹⁷

Marijuana's origins were more complicated. There are reports that the cannabis plant was cultivated in Ancient China as far back as 8000 BCE.¹⁸ It also spread to other parts of Asia and it was then also grown in Africa. It became a notable part of many cultures, Hindu culture in particular, but it was also used in South Russia, Assyria, and Persia.¹⁹ Many civilizations used it as an intoxicant, but it was also used for cultural and religious reasons. The use of cannabis would not spread to Europe until the early 1800s. In 1845, a French psychiatrist praised the drug as a therapeutic substance.²⁰ In the Americas, American colonists actually used the cannabis plant as a fiber as early as 1611. Its use as an intoxicant allegedly came from Africa and Asia, via the Atlantic slave trade and other trade routes.²¹ Its use as a drug was also documented in Mexico in the latter half of the 19th century. The plant grew in popularity until the middle of the 19th century, when its popularity was at its peak.²² While its production declined soon after, it remained impactful in America.²³

Over the course of this time period, Chinese immigrants or Chinese Americans were related to opium, black Americans to cocaine, and Mexicans to marijuana. This indicates that drugs and racialization were inextricably linked during this era, especially with the rise of the

¹⁴ Ibid.

¹⁵ Ibid.

¹⁶ Ibid.

¹⁷ Ibid.

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¹⁹ Richard J. Bonnie and Charles H. Whitebread II, *The Marijuana Conviction*, The Lindesmith Center, New York, 1999, p. 1.

²⁰ Ibid., p. 2.

²¹ Ibid., p. 4.

²² Ibid., p. 3.

²³ Ibid., p. 3.

temperance movement and its popularized narrative around drug prohibition. Many often ignored the prevalence of white Americans using this drug and the influence of labor politics on this period in American history. However, these less discussed aspects recontextualized the drug prohibition era and provided a clearer picture of its skewed politics and the harm it caused.

Opium

Chinese migration was met with hostility in the United States and, while opium use was prevalent before migration, Chinese immigrants and Chinese Americans were pathologized and racialized in the context of opium use during the drug prohibition era. The first major wave of Chinese immigration began in the nineteenth century and many immigrants arrived looking for work.²⁴ At the time, opium use in China had spread from the upper class to the working class and travelers and served as an “escape for a while [from] the drudgery of their lives.”²⁵ It served largely the same purpose that alcohol served in the United States, which made it one of the prime targets for the temperance movement.²⁶ American anxieties surrounding the influx of Chinese immigration also influenced narcotic policy. There is compelling evidence to suggest that anti-narcotic legislation was more motivated by anti-Chinese sentiment than by an epidemic of opium addiction. Addiction to opiates in the 1880s and 1890s was caused by the presence of opium and other narcotic drugs in medicines, some of which treated gastrointestinal illnesses.²⁷ A significant portion of addicts were rich southern white women due to the overprescription of medicinal opiates. However, newspapers at the time perpetuated stereotypes about Chinese people smoking opium. *The Sailors’ Magazine And Seamen’s Friend*, for instance, ran a story called “Seeing the Gospel,” published in 1885, which supposedly told a story from the perspective of a Chinese immigrant. This individual saw someone who “used to be the terror of his neighborhood.... as dangerous as a wild beast and a bad opium-smoker,” but changed after converting to Christianity.²⁸ This piece was riddled with colonialist and white supremacist overtones and it appealed to the fears of its viewers that opium is a dangerous and destructive drug that can cause violent tendencies in a person. The solution that the article offers is based in theology, which is consistent with the religious character of the temperance movement.

²⁴ David T. Courtwright, *Dark Paradise*, Harvard University Press, Cambridge, MA, 2001, p. 66.

²⁵ *Ibid.*, 64.

²⁶ *Ibid.*, 64.

²⁷ David T. Courtwright, *Dark Paradise*, Harvard University Press, Cambridge, MA, 2001, p. 51.

²⁸ “Seeing the Gospel,” *The Sailors’ Magazine And Seamen’s Friend* v. 57-58 (1885-1886), p.118.

Incidentally, the temperance movement played a large role in moralizing opium smoking, characterizing all opium smokers as foreign threats to the moral character of society. The movement achieved this through a systematic process of identifying certain political elements as threats to mobilize social groups for policy change.²⁹ It is important to note that in a racial and ethnic context, perceptions of threats were used as a tool by powerful political groups to scapegoat certain social groups that were growing in population as responsible for societal ills. Chapter 3 of *Dark Paradise* pointed to this very trend of sociopolitical behavior in regards to opium smoking. In the introduction to this chapter, David T. Courtwright discussed the medical community's attitude towards smoking opium as opposed to medicinal opium. He argued that while medicinal opium use had at least some justifications among medical professionals, smoking opium had none. Smoking opium was characterized as a "ruinous vice, practiced by the irresponsible and the wicked."³⁰ In the eyes of the medical community at the time, addiction to smoking opium was born out of a "gratification of a 'purely sensuous appetite.'"³¹ In reality, Chinese immigrants turned to opium smoking and other so-called "vices" due to the pressure they endured from a credit-ticket system they had to enroll in to receive passage to the United States and work as laborers.³² This context, however, was absent in the temperance movement and reformers moved forward to engage in anti-vice activism. In another article, Courtwright cited the fear of "personal ruin and racial decline" as what fueled this anti-vice activism.³³ Therefore, this movement was not only influenced by racist and xenophobic perceptions of Chinese immigrants, but also by class anxieties and theological concerns surrounding drug use.

The temperance movement had varying effects on national and international policy, leading to many xenophobic and anti-opium policies that were characterized by intense racialization. The American Report of the International Opium Commission in 1910 even stated that the opium epidemic was one of the reasons for Chinese exclusion in the Philippines and then went on to discuss tariffs and duties levied at opium importation.³⁴ The Report also noted that white Americans engaged in the practice, even after opium importation was banned in the United

²⁹ Kenneth T. Andrews and Charles Seguin, "Group Threat and Policy Change: The Spatial Dynamics of Prohibition Politics, 1890-1919," *American Journal of Sociology*, vol. 121, no. 2, September 2015, p. 477.

³⁰ David T. Courtwright, *Dark Paradise*, Harvard University Press, Cambridge, MA, 2001, p. 61.

³¹ *Ibid.*, p. 61.

³² *Ibid.*, p. 66.

³³ David T. Courtwright, "A Short History of Drug Policy or Why We Make War on Some Drugs but not on Others," *University of North Florida*, Oct. 2012, p. 19.

³⁴ *The International Opium Commission*. The British Medical Journal, January 10, 1910, p. 95.

States. This exposed a racialized fear in the United States that white Americans would be influenced by the vices of foreigners. Due to these cases of addiction, Congress passed the Pure Food and Drug Act of 1906, which regulated the use of opium and other drugs in medicinal and recreational products. Those in violation of this law paid a \$500 fine or faced a one-year imprisonment. This was the first major piece of anti-narcotic legislation that regulated the sale of opium and other narcotic drugs.

Various U.S. government documents created false impressions on the rate of opium addiction at the time, leading to legislation and case law that relied on those false reports for support. The rate of opiate addiction was actually experiencing a “sustained decline” after 1890, with only approximately 313,000 addicts in the United States before 1914.³⁵ Government reports said precisely the opposite, but a majority of these reports were found to be relying on falsified, manipulated, and misrepresented data in the interest of creating support for strict anti-narcotic legislation.³⁶ One of the leading members of the United States Opium Commission was Dr. Hamilton Wright, a fierce advocate for narcotic control.³⁷ Dr. Wright prepared the *Report on the International Opium Commission* in 1910 for the U.S. Senate to provide a portrait for the extent of opiate addiction and its effect on American society. However, what the *Report* showed was a distortion of statistical reality. For instance, while the rate of opium consumption, both medicinal and smoking, was declining from 1900 to 1910, Wright’s *Report* presented the “data in such a way that consumption appeared to be increasing” by limiting his reference to a fifty-year time span where imports of opium appeared to be increasing.³⁸ This reflected Wright’s interest in controlling international traffic rather than addressing a real and existing social ill. Wright famously said in this report: “Thus again the 351 per cent increase in our importations of all forms of opium for the last five decades we find a 133 per cent increase in our total population.”³⁹ Evidently, this is false as Wright’s narrow focus obscured the actual statistical trend. Nonetheless, the statistic persisted in its influence, reemerging in other publications and later being cited in a House report during the passage of the Harrison Narcotic Act of 1914.⁴⁰

³⁵ David T. Courtwright, *Dark Paradise*, Harvard University Press, Cambridge, MA, 2001, p. 9

³⁶ *Ibid.*, p. 9.

³⁷ Hamilton Wright, *Report on the International Opium Commission and on the Opium Problem As Seen Within the United States and Its Possessions*, Senate Committee on Foreign Relations, Feb. 21, 1910, p. 7.

³⁸ David T. Courtwright, *Dark Paradise*, Harvard University Press, Cambridge, MA, 2001, p. 29.

³⁹ Hamilton Wright, *Report on the International Opium Commission and on the Opium Problem As Seen Within the United States and Its Possessions*, Senate Committee on Foreign Relations, Feb. 21, 1910, p. 42.

⁴⁰ David T. Courtwright, *Dark Paradise*, Harvard University Press, Cambridge, MA, 2001, p. 29.

A second report by Andrew Dumez called “Some Facts Concerning Drug Addiction” was published in 1918, four years after the Harrison Narcotic Act. This report misrepresented the prevalence of opium addiction in the United States, with Dumez testifying to the Senate that a physician survey his committee sent out found that there were 270,662 Americans addicted to some substance.⁴¹ In reality, the number was 73,150 addicts.⁴² A third report released in 1919 by the Treasury Department called *Traffic in Narcotic Drugs* concluded that there were over a million addicts in the United States at the time, but the estimate stood with little to no support from any research.⁴³ All of these reports drew more and more attention to an overestimated and, in some ways, imagined drug crisis that then fueled support for the Harrison Narcotic Act and its subsequent amendment. This piece of legislation was pivotal for narcotic control on the federal level and shaped drug policy for the rest of this early era of drug prohibition.

The Harrison Narcotic Act of 1914 and its subsequent amendment were the second major pieces of legislation to address the sale and use of opium and other narcotic drugs. After the passage of the Harrison Act of 1914, many public health officials found a convenient loophole that would allow them to treat addiction in “maintenance clinics.”⁴⁴ These clinics were open to everyone, but generally catered to poor and working-class individuals who were trying to escape the cruel consequences of the law. However, more wealthy individuals could have their addictions supported by a private doctor, which is why this demographic had one of the highest addiction rates at the time.⁴⁵ In fact, “the records from the State of Tennessee reveal that of the 2,370 drug addicts who registered with clinics in 1913, women comprised over two-thirds of the addicts and over 90 percent were white.”⁴⁶ Due to existing fears about white Americans falling prey to the “ruinous vice” of foreigners, the legal responses to opium use in Chinatown smoking houses, where both white Americans and Chinese immigrants gathered, came in the manner of ordinances penalizing opium smoking. These ordinances were implemented in such a way that “dens patronized by whites were the most likely to be raided.”⁴⁷ These laws did not deter opium

⁴¹ Ibid., p. 30.

⁴² Ibid., p. 30.

⁴³ Ibid., p. 31.

⁴⁴ Michael M. Cohen, “Jim Crow’s Drug War: Race, Coca Cola, and the Southern Origins of Drug Prohibition,” *Southern Cultures*, Vol. 12, No. 3, 2006, p. 59.

⁴⁵ David T. Courtwright, “The Hidden Epidemic: Opiate Addiction and Cocaine Use in the South, 1860-1920,” *The Journal of Southern History*, vol. 49, no. 1, Feb. 1983, *Southern Historical Association*, Feb. 1983, p. 57.

⁴⁶ Michael M. Cohen, “Jim Crow’s Drug War: Race, Coca Cola, and the Southern Origins of Drug Prohibition,” *Southern Cultures*, Vol. 12, No. 3, 2006, p. 60.

⁴⁷ David T. Courtwright, *Dark Paradise*, 77.

smoking, but it did have a segregating effect.⁴⁸ Many protested that the Harrison Act was not very strong and required an amendment that barred medical maintenance of addictions. The aforementioned reports by Hamilton Wright and others were instrumental in making this amendment a reality. These reports were quoted in *Webb et al. v. United States*, a Supreme Court case that served as a precedent for the amendments to the Harrison Act that strengthened narcotic control and extended it to ban physicians providing maintenance treatment.⁴⁹ This marked a shift in the social perception of drug addiction, from medical illness to societal ill.

Cocaine

Cocaine was widely used in many over-the-counter and medicinal products in America until the drug itself became associated with violent and unnaturally strong black men who white Americans believed posed a threat to their livelihood. For instance, cocaine was championed as a “medical marvel” and was also used to treat hay fever, sinusitis, and, most interestingly, opium addiction.⁵⁰ In the 1890s, however, the medical community and American society at large learned about its harmful addictive effect and the drug was regulated and controlled.⁵¹ Soon, the drug was racialized and connections were drawn to black Americans in medical journals and congressional hearings. In 1902, the *British Medical Journal* asserted that “the use of cocaine started among dock workers in New Orleans who found that the drug enabled them to” perform manual labor “for up to seventy hours at a stretch, without a rest, in rain or in heat.”⁵² Dr. Hamilton Wright, a delegate to the U.S. Opium Commission made the same claim, adding that Black American laborers allegedly received encouragement from their employers to take cocaine as they believed the drug would bring “more and better work” from the laborers.⁵³ The extent to which these claims are true is not known, but this popular notion is indicative of the intense racialization of cocaine use among black Americans. This also pointed to the well-known and well-accepted trends of labor exploitation in this era, which in some ways also contributed to drug use among laborers.

⁴⁸ Ibid., 78.

⁴⁹ “Amendments to the Harrison Narcotic Act (H.R. 11612).” *Congressional Record* 67 (1926) p. 100511, pp. 4-8.

⁵⁰ David F. Musto, *The American Disease: Origins of Narcotic Control Third Edition*, Oxford University Press, New York, 1999, p. 7.

⁵¹ Michael M. Cohen, “Jim Crow’s Drug War: Race, Coca Cola, and the Southern Origins of Drug Prohibition,” *Southern Cultures*, Vol. 12, No. 3, 2006, p. 57.

⁵² Catherine Carstairs, “‘The Most Dangerous Drug’: Images of African-Americans and Cocaine Use in the Progressive Era,” *Left History: An Interdisciplinary Journal of Historical Inquiry and Debate*, vol. 7, no. 1, 2000, p. 50.

⁵³ Ibid., p. 50-51.

Progressive-era attitudes towards drugs contributed to this image of the black cocaine user, leading to many instances of legalized brutality against Black Americans. These attitudes were so pervasive that figures such as Booker T. Washington quoted the chief of police in a local town who pointed to cocaine use and alcohol consumption as the primary causes of crime in black communities and declared that “The drug habit (cocaine) is in my opinion a greater evil among the Negroes than the whiskey habit, not- withstanding as a rule it is invariably a combination of both.”⁵⁴ Therefore, these attitudes had wide influence and were used by many public figures to achieve different goals. Washington’s goal in this article was to scapegoat a portion of the black community as especially violent and prone to crime while indicating that black Americans who do not abuse drugs would not engage in illicit activities. This ideology, however, dehumanized black Americans and led to violence against black communities. One quintessential example of this was the Atlanta riot of 1906, which was mainly caused by an “election campaign on black disenfranchisement and a labor shortage that was blamed on blacks.”⁵⁵ Prohibition also fueled this riot. Many prohibitionists were campaigning to prevent Black Americans from drinking alcohol because they argued that Black Americans laced their drinks with cocaine.⁵⁶ The riot grew in its violence and the crowd destroyed “black saloons, pool rooms and restaurants before moving to the black business district. In the aftermath of the riot, there were renewed calls for prohibition and the saloons were closed for two weeks.”⁵⁷ The rioters in this instance were not punished by the law. In fact, the national conversation focused exclusively on the fear of violence from black cocaine users rather than the real violence that occurred in Atlanta during those two days. The evident hypocrisy in this political climate was emphasized even more by Doctor W. Scheppergrell, who said in his article that “whites used cocaine to relieve illness while blacks used it ‘on account of its exhilarating effects’” and that cocaine use among African Americans was a matter for “police circles.”⁵⁸ This popular worldview led to many lynchings that were justified by perceptions of black male brutality that were thought to be strengthened by cocaine use. Lynchings during this time occurred under the

⁵⁴ Booker T. Washington, “Negro Crime and Strong Drink,” *Journal of the American Institute of Criminal Law and Criminology*, vol. 3, no. 3, Sept. 1912, *Northwestern University Pritzker School of Law*, p. 385.

⁵⁵ Catherine Carstairs, “‘The Most Dangerous Drug’: Images of African-Americans and Cocaine Use in the Progressive Era,” *Left History: An Interdisciplinary Journal of Historical Inquiry and Debate*, vol. 7, no. 1, 2000, p. 53.

⁵⁶ *Ibid*, 53.

⁵⁷ *Ibid*, 53.

⁵⁸ *Ibid*, 55.

protection of the law as Ida B. Wells argues in her speech, “Lynch Law In All Its Phases.”⁵⁹ Brutality against Black Americans were legalized and justified due to perceptions of the “black cocaine [user].”⁶⁰ This cocaine use was also then characterized as a social ill and moralized as a vice that needed to be extinguished.

The Pure Food and Drug Act of 1906 served as the first major instance of drug regulation at the federal level and while many purported that this law was a response to medical concerns surrounding addiction, implementation of drug regulation on the local level were racially motivated. While many physicians were at first ambivalent to the addictive nature of cocaine and frustrated with their inability to find a “safe” dosage, many championed reform by the 1900s due to the unpredictability of new and emerging narcotic drugs.⁶¹ Many physicians blamed the medical community and the pharmaceutical industry for the rise in cocaine addiction.⁶² The law allowed for the regulation of cocaine and other drugs, while “anti-cocaine enforcement was delegated to law enforcement.”⁶³ This enforcement also took on a very racial context on the state and local level. Southern states applied drug regulation under the Jim Crow principles of disenfranchisement and segregation outlined in their state constitutions.⁶⁴ In fact, many states, due to the lack of punitive drug laws, charged users with vagrancy or disorderly conduct because of their fears regarding the crime associated with cocaine at the time.⁶⁵ *The Minneapolis Tribune’s* article, “Fiends,” published in 1906, details the City of Chicago’s policy on cocaine prohibition and what effect it had on the community.⁶⁶ The article blames murder and theft on cocaine users and sellers, endorsing the local police department’s hardline policies against all those associated with cocaine.⁶⁷ It portrayed drug abusers extremely negatively and perpetuated popular fears about the effect of drugs on society.⁶⁸

⁵⁹ Ida B. Wells, “Lynch Law In All Its Phases.”

⁶⁰ David T. Courtwright, “The Hidden Epidemic: Opiate Addiction and Cocaine Use in the South, 1860-1920,” *The Journal of Southern History*, vol. 49, no. 1, Feb. 1983, *Southern Historical Association*, Feb. 1983, p. 68.

⁶¹ Joseph F. Spillane, “Discovering Cocaine: An Historical Perspective On Drug Development And Regulation,” *Drug Information Journal*, vol. 29, 1995, pp. 1525-1527.

⁶² *Ibid.*, p. 1527.

⁶³ *Ibid.* p. 1527.

⁶⁴ Michael M. Cohen, “Jim Crow’s Drug War: Race, Coca Cola, and the Southern Origins of Drug Prohibition,” *Southern Cultures*, Vol. 12, No. 3, 2006, p. 74.

⁶⁵ John C. Burnham, “Book Review of Cocaine: From Medical Marvel to Modern Menace in the United States, 1884-1920,” *Journal of Social History*, vol. 35, no. 2, *Oxford University Press*, 2001, p. 508.

⁶⁶ J.R. Butman, “Fiends,” *The Minneapolis Tribune*, Minneapolis, Minnesota, 16 Dec. 1906, <http://login.ezproxy.lib.umn.edu/login?url=https://www-proquest-com.ezp1.lib.umn.edu/historical-newspapers/december-16-1906-page-2-48/docview/1836847695/se-2?accountid=14586>.

⁶⁷ *Ibid.*

⁶⁸ *Ibid.*

These white anxieties around cocaine use among black Americans were exemplified by other popular newspapers that also perpetuated many harmful racial stereotypes. Anxieties around cocaine use only emerged in response to Southern police and community leaders generating a “moral panic” over the use of cocaine among “urban blacks.”⁶⁹ This panic was expressed in the *New York Times*, with an article published in 1914 titled “Negro Cocaine ‘Fiends’ Are A New Southern Menace.”⁷⁰ One section in the article, titled “Proof Against Bullets,” argued that Black Americans who were under the influence of cocaine were temporarily immune to the “‘knock down’ effects of fatal wounds.”⁷¹ The article specifically cited one case in which the Chief of Police in Asheville, North Carolina had an encounter with a “hitherto inoffensive negro” who was under the influence of cocaine and was allegedly “‘running amuck’ in a cocaine frenzy,” stabbing a storekeeper and assaulting his own family.⁷² The police officer arrived at the man’s house and had a violent altercation with him that led to the officer shooting this individual. The newspaper, in echoing the officer’s version of events, claimed that the bullet did not stop the man and the officer shot another bullet to no avail.⁷³

Eventually, the officer saw a large group of enraged Black Americans watching the scene unfold and decided to save ammunition for the mob and “finished the man with his club.”⁷⁴ This fabricated and unrealistic story echoes white anxieties and fears about Black Americans. White Americans at the time feared violence from Black Americans and these fears were expressed through stories of violent black men under the influence of cocaine. The solution, therefore, was simple as far as this *New York Times* article was concerned, which stated that “[t]he only method to keep him from taking this drug is by imprisoning him.”⁷⁵ Thus, the criminalization of black cocaine users was endorsed by popular publications at the time, creating a culture of fear under which legislation designed to control cocaine and its users found strong support. In addition, according to David F. Musto in his book *American Disease*, these fears “coincided with the peak of lynchings, legal segregation, and voting laws all designed to remove political and social power

⁶⁹ Michael M. Cohen, “Jim Crow’s Drug War: Race, Coca Cola, and the Southern Origins of Drug Prohibition,” *Southern Cultures*, Vol. 12, No. 3, 2006, p. 57.

⁷⁰ Edward Huntington Williams, “Negro Cocaine ‘Fiends’ Are A New Southern Menace,” *New York Times*, Feb. 8, 1914, p. 12.

⁷¹ Ibid, p.12.

⁷² Ibid, p.12.

⁷³ Ibid, p.12.

⁷⁴ Ibid, p. 12.

⁷⁵ Ibid, p. 12.

from” black Americans.⁷⁶ Cocaine fears also contributed to the anxiety among white Americans that black Americans would “rise above ‘[their] place’” and more aggressively fight against their own oppression.⁷⁷ This would also explain the rise in policing during this time, as many feared a “black crime wave.”⁷⁸ The fears established a three-way association between Black Americans, cocaine, and crime, which gave rise to racist policies that had little basis in reality.

The Harrison Narcotic Act of 1914 is the second major instance of drug regulation at the federal level that sought to regulate the sale of cocaine and other drugs, but many reformers that were influenced by racialized fears of cocaine opposed this legislation for not being effective enough in its drug regulation. An article published in the March 1914 issue of *Good Housekeeping Magazine* titled “The Cocain Crime” criticized the “Harrison bill” for not doing enough to control the use and sale of narcotics. The authors, Harvey W. Wiley and Anne Lewis Pierce, quoted Section 10 of the bill that later became Section 6 of the act, which stated that the Harrison Act does not apply to any products that contain two grains or less of opium or one grain or less of codeine.⁷⁹ Wiley and Pierce criticized this provision, claiming it was a loophole that allowed the drug industry to still profit off of the sale of the drug to addicts who would only need this amount to sustain their habit.⁸⁰ Therefore, the article advocated for a complete ban on all narcotic drugs and believed that the Harrison Narcotic Act should have functioned as such.⁸¹ The act that was actually passed later that same year, however, did place a high fine on any violation of the law. For instance, Section 9 of the Harrison Narcotic Act stated that any violation of the law would result in either a fine of \$2,000 or a five-year imprisonment or both.⁸² The Harrison Act also required all sellers to register and pay a “special tax” if they sold any products that contain narcotic drugs.⁸³ This ensured that the drugs would be more expensive, making it more difficult for lower-income individuals to have access to them, but more affluent addicts would still be able to maintain their addiction. This created separate implementations of the law along

⁷⁶ David F. Musto, *The American Disease: Origins of Narcotic Control Third Edition*, Oxford University Press, New York, 1999, p. 7.

⁷⁷ Ibid, p. 7.

⁷⁸ Catherine Carstairs, “‘The Most Dangerous Drug’: Images of African-Americans and Cocaine Use in the Progressive Era,” *Left History: An Interdisciplinary Journal of Historical Inquiry and Debate*, vol. 7, no. 1, 2000, p. 51.

⁷⁹ “Harrison Narcotic Act (H.R. 6282).” Congressional Record (1913), p. 2205.

⁸⁰ Harvey W. Wiley and Anne Lewis Pierce, “The Cocain Crime,” *Good Housekeeping Magazine*, vol. 58, iss. 3, New York, March 1914, pp. 396-397.

⁸¹ Ibid., pp. 396-397.

⁸² “Harrison Narcotic Act (H.R. 6282).” Congressional Record (1913), p. 2205.

⁸³ “Harrison Narcotic Act (H.R. 6282).” Congressional Record (1913), p. 2205.

class lines. For instance, many wealthy white addicts could get a prescription filled from a private doctor to maintain their addiction, while poor and working-class people sought treatment in maintenance clinics because they feared “a life of criminality and degradation.”⁸⁴ Many reformers attacked these clinics, arguing that they undermined the spirit of the Harrison Act.

The reality of cocaine use among Black Americans often differed from the many dangerous notions that white Americans held. For instance, while the *New York Times* ran a misleading and racist article in 1914, *The Chicago Defender* ran an article in 1921 that showed the true dangers of this false narrative. The article discussed Morris Wicks, a black man who was suspected to have possession of a vial of cocaine and was subsequently shot down by two police officers while fleeing from them.⁸⁵ The “shots,” implying that there were multiple, immediately brought down Wicks and he was then taken to Casualty Hospital, where he was charged with possession.⁸⁶ This story, in every way, refutes the popular narrative at the time of the “cocainized black”⁸⁷ and the view that this drug led to other crimes. The individual who was charged with possession was immediately wounded and brought down. There was no proof that Wicks was in fact hiding a vial of cocaine. Only after Wicks was admitted in the hospital did the officers report that they found the drug on his person. This did not reflect an epidemic of cocaine use. It was an epidemic of policing, born out of white fears of lawlessness. This fear was encouraged by perceptions of how cocaine affected black men. The article focused on the brutality of the altercation more than on the drug offense itself, offering a different perspective on this era of drug prohibition. The article also highlighted the grim realities of drug prohibition and showed how it disproportionately affected people of color.

Unfortunately, the popular narrative ignored these realities and focused on further reform, leading to a 1926 amendment to the Harrison Narcotic Act that focused on limiting the abilities of physicians even further in prescribing the drug and led to further regulation of narcotics. This amendment strengthened the provisions of Harrison Narcotic Act, adding several more mandates that banned physicians with a history of addiction from registering under the Harrison Narcotic

⁸⁴ Michael M. Cohen, “Jim Crow’s Drug War: Race, Coca Cola, and the Southern Origins of Drug Prohibition,” *Southern Cultures*, Vol. 12, No. 3, 2006, p. 60.

⁸⁵ “Policemen Use Pistols to Stop Cocaine Peddlers,” *The Chicago Defender*, Aug 27, 1921, p. 8.

⁸⁶ *Ibid*, p. 8.

⁸⁷ Catherine Carstairs, “‘The Most Dangerous Drug’: Images of African-Americans and Cocaine Use in the Progressive Era,” *Left History: An Interdisciplinary Journal of Historical Inquiry and Debate*, vol. 7, no. 1, 2000, p. 56.

Act and banned “ambulatory treatment” for drug addiction.⁸⁸ In addition, the amendments also placed more responsibility on those who prescribed drugs to ensure that they exercise caution in their prescriptions; included purchases of drugs as economic activity that can be tracked along with sales, exchanges, and gifts; demanded that any car that was used in violating this law be confiscated; and removed “the necessity... that the Government shall prove the venue in the... absence of the proper tax stamp on the... package of narcotic drugs.”⁸⁹ These amendments addressed the concerns of many reform advocates and added more stringent prohibitory provisions to punish any violation of anti-narcotic laws. The amendments also marked an important shift in federal legislation. While the popular narrative in the early 20th century moved away from viewing drug addiction as a medical issue, the federal government still allowed for practicing physicians to treat addictions with these drugs and accounted for the medical perspective on the issue, despite the law’s racialized enforcement in various localities. These amendments, however, represented a change in federal drug policy that began to view drug addiction more and more as a social problem and not a medical one. The lack of trust in medical professionals and more regulations of these industries demonstrated this very important change. The legacy of drug prohibition was the transformation of drug addiction from a medical problem to a racialized social danger.

Marijuana

While marijuana had been long discussed as a drug that was introduced in the United States from Mexico, there is evidence to suggest that not only is this not true, but that the political landscape of the drug prohibition era contributed to this pathologizing myth. Marijuana had an active presence in the United States since the 1840s, not only as a drug but also as a fiber for clothes and other uses.⁹⁰ In addition, both Mexico and the United States had a history of marijuana use, but it was not common in both countries.⁹¹ Furthermore, negative perceptions of marijuana were popularized in both Mexico and the United States in the 1890s, despite earlier fascinations with the drug.⁹² Marijuana was also described as a “strong narcotic” in the 1890s, leaving many to associate it with other drugs such as cocaine and opium, despite its relatively

⁸⁸ “Amendments to the Harrison Narcotic Act (H.R. 11612).” Congressional Record 67 (1926), p. 100511.

⁸⁹ Ibid., p. 100511.

⁹⁰ Hui-Lin Li, “An Archaeological and Historical Account of Cannabis in China,” *Economic Botany*, vol. 28, no. 4, Dec. 1974, p. 437.

⁹¹ Isaac Campos, “Mexicans and the Origins of Marijuana Prohibition in the United States: A Reassessment,” *The Social History of Alcohol and Drugs*, vol. 32, 2018, p. 16.

⁹² Ibid., p. 16.

mild effect.⁹³ Many scholars believed that marijuana use was introduced into the United States from Mexican migrants, but Isaac Campos points out that not only is this claim unsubstantiated, the very notion points to the extent to which Mexicans living in the United States were pathologized and the extent to which marijuana was racialized. Even the popular use of the term “marijuana” reveals this troubling phenomenon. In the 19th century, many publications would refer to the drug with the term “cannabis.”⁹⁴ However, the term “marijuana” came into popular use in the early 20th century as Progressive-era reformers sought to appeal to xenophobic notions at the time and “underscore the drug's ‘Mexican-ness’” in order to grow support for marijuana prohibition.⁹⁵

Newspapers perpetuated racist notions of marijuana as a harmful “Mexican herb” that would damage society if it weren’t contained and served as propaganda for many Progressive-era reformers pushing for drug prohibition laws. An article published in *The Idaho Register* and reprinted in the *Mexican Herald* titled “Dangerous Mexican Weed to Smoke” presented a narrative of the dangerous effects of the “marihuana habit” through the story of two men, Manuel Guerrero and Florencio Pino.⁹⁶ The article described their behavior after taking the drug, saying that they “went out into the street, shouting, vociferating and attacking everybody” because they believed they were the “bravest men on earth.”⁹⁷ Eventually, Pino believed he was braver and the two fought, which led them to hospitalization where they “had to be put into straightjackets.”⁹⁸ The article ended by saying the two men may “lose their minds permanently, as is often the case with marijuana smokers.”⁹⁹ Not only was this last statement factually incorrect, the article also appealed to the racial anxieties of its readers more explicitly. For one, it referred to marijuana as the “dangerous Mexican weed,” while also detailing events involving two Latino men. For another, it detailed their behavior as violent and destructive. It painted a similar picture that newspapers at the time did of black cocaine users, with the same class and racial anxieties present in these fear-mongering accounts of marijuana users.

⁹³ Ibid., p. 19.

⁹⁴ Matt Thompson, “The Mysterious History Of ‘Marijuana,’” *NPR*, July 22, 2013, <https://www.npr.org/sections/codeswitch/2013/07/14/201981025/the-mysterious-history-of-marijuana>.

⁹⁵ Ibid.

⁹⁶ “Dangerous Mexican Weed to Smoke. (1905, February 3).” *Idaho Register*, Idaho Falls, Idaho, 1905, p. 12.

⁹⁷ Ibid, p. 12.

⁹⁸ Ibid, p.12.

⁹⁹ Ibid, p. 12.

Another article in the *Morning Oregonian*, reprinted from the *Mexican Herald* in 1905, titled “Dangerous Plants: Their Use, It Is Said, Will Quickly Make Men Insane,” described marijuana as “a weed used by... the lower class” that made people lose control of their “mental faculties” and turned them into “monsters.”¹⁰⁰ The article then further detailed an instance when a man who smoked a “marihuana cigarette” attacked multiple police officers, killing one and injuring others.¹⁰¹ Articles like these appeal to the race and class anxieties of its readers by arguing that a “habit” they claimed to be widespread among working-class or poor individuals is dangerous and a nuisance to other members of society. This instilled a persisting fear among its readers and made them more open to legislation that harms the communities they hoped to target under the justification that only those solutions could work against these problems.

The Pure Food and Drug Act was meant to address the mislabeling of medical products and mandated more transparency in this area, while also limiting the availability of large quantities of marijuana and other drugs. Medications raised a lot of concerns in the early 20th century as many did not know the ingredients of these products and could not verify whether any addictive substances were mixed in.¹⁰² The Pure Food and Drug Act of 1906 was meant to address this very concern by placing mandates on prescription drugs, requiring them to display ingredients on the containers and regulating the sale of marijuana itself.¹⁰³ This was done by requiring medicines, especially those that contained more than the prescribed amount of a substance, to indicate the amount on their containers. This also led to many proprietaries that contained a large amount of marijuana and other drugs to become less available.¹⁰⁴ This way, the Pure Food and Drug Act served as a response to many anxieties in the 20th century about the damaging effects of narcotic drugs. Marijuana was viewed and treated the same way as opium and cocaine even though the relative potency of the drug was mild. The Pure Food and Drug Act set a precedent that would continue on in state and localities, where anti-vice activists pushed forward this view of marijuana as a dangerous narcotic akin to cocaine and opium.

¹⁰⁰ “Dangerous Plants. Their Use, It Is Said, Will Quickly Make Men Insane. (1905, February 6).” *Morning Oregonian*, Portland, Oregon, 1905, p. 13.

¹⁰¹ *Ibid.*, p. 13.

¹⁰² Audrey Redford and Benjamin Powell, “Dynamics of Intervention in the War on Drugs: The Buildup to the Harrison Act of 1914,” *The Independent Review*, vol. 20, no. 4, 2016, pp. 519-520.

¹⁰³ *Ibid.*, p. 520.

¹⁰⁴ Richard J. Bonnie and Charles H. Whitebread II, *The Marijuana Conviction*, The Lindesmith Center, New York, 1999, p. 15.

Other state and local responses to marijuana addiction were more harsh, with anti-marijuana legislation quickly taking root in American society. One of the first states to ban marijuana sale and use was California, which was at the time a leader in the anti-narcotic campaign because the state was already motivated by anti-Chinese sentiment.¹⁰⁵ In 1913, the California State Legislature passed what was known at the time as the “Poison Law,” one of the first marijuana prohibition laws in the country.¹⁰⁶ A subsequent amendment in 1915 further closed a loophole that prohibited medicinal cannabis from being sold and used for recreational uses.¹⁰⁷ Both of these legislative actions received little attention due to the obscurity of the law they were amending. They also set a precedent that other states and localities followed, giving police officers an excuse to act aggressively towards those found using or possessing marijuana, especially Mexicans living in the United States.¹⁰⁸

Marijuana use among Mexicans living in the United States can be explained by the labor conditions they faced, both in terms of economic issues and health issues. Migrants looking for agricultural work were forced to rely on jobs that provided an unstable income. For instance, in the 1920s, “a family of four that was particularly adept at beet tending could make as much as \$1,200 per six month season” and after the contract’s expiration, migrant families were forced to seek employment elsewhere.¹⁰⁹ To be clear, this meant that every member of the family worked as a laborer, even the children, in the hopes that the family would receive \$1,200 for six months of labor under their contract. This instability motivated many like Manuel Hernandez to grow marijuana on the same sugar beet farms they worked on to sell it, make a profit, and achieve the middle-class lifestyle they worked hard for. Marijuana was also far easier to grow compared to the sugar beets they were hired to grow. This also made the decision to grow and sell marijuana easier.¹¹⁰ In addition, many laborers faced a “host of physical ailments,” including “carpal tunnel syndrome, tendonitis, back strain, sore muscles, knife cuts, allergies, asthma, heatstroke, sunburns, skin cancers, and illnesses resulting from exposure to pesticides” due to the

¹⁰⁵ Dale H. Gierineger, “The Origins of Cannabis Prohibition in California,” *Contemporary Drug Problems*, June 1999, p. 2.

¹⁰⁶ *Ibid.*, p. 15.

¹⁰⁷ *Ibid.*, p. 33.

¹⁰⁸ Isaac Campos, “Mexicans and the Origins of Marijuana Prohibition in the United States: A Reassessment,” *The Social History of Alcohol and Drugs*, vol. 32, 2018, p. 27.

¹⁰⁹ Nick Johnson, “Workers’ Weed: Cannabis, Sugar Beets, and Landscapes of Labor in the American West, 1900-1946,” *Agricultural History*, vol. 91, no. 3, 2017, p. 332.

¹¹⁰ *Ibid.*, p. 332.

back-breaking nature of their work.¹¹¹ Marijuana worked as a treatment that alleviated some of these health issues, especially those related to back pain. Therefore, marijuana use among Mexican laborers rested in the conditions of the labor itself. The real crime committed here was the level of labor contractors expected from migrant workers while also offering them very little in terms of pay.¹¹² Marijuana served as a pragmatic solution to these issues that Mexican families in the labor class were facing.

Law enforcement also played a large role in the harsh and racialized implementations of prohibition laws and they served as a response to the working class resistance that many Mexicans living and working in the United States engaged in. Growing marijuana was a form of working class resistance in the face of the current capitalist order that devalued their labor and exploited them for the most amount of work possible.¹¹³ The response to this resistance took form in 1929, when “[a]rrest rates for Mexicans in Chicago... were about twice as high as the Mexican percentage of the population.”¹¹⁴ Newspapers also “exaggerated the extent of Mexican crime” and a majority of arrests of Mexican Americans were minor offenses, such as “drunkenness and disorderly conduct.”¹¹⁵ This was similar to the legal responses to white fears about cocaine use among black Americans. The legal responses in these cases, however, were a direct response to a real form of resistance while the legal responses to cocaine use were motivated by an imagined fear of retribution. Nonetheless, these acts criminalized the very existence of Mexicans in public spaces and especially criminalized any action that defied their socioeconomic conditions..

Conclusion

Anti-narcotic legislation primarily targeted ethnic minorities in the labor class as this group was especially vulnerable in terms of economic instability and cultural barriers. The legislation itself was born out of attitudes at the time that demonized minority groups and exaggerated the consequences of drug use. Additionally, reform movements spread notions that the drug makes people violent and that drug use is a destructive vice that would damage society. To preserve American society and the theological values many believed it was founded upon, the

¹¹¹ Ibid., 330.

¹¹² Ibid., 324.

¹¹³ Ibid., 324.

¹¹⁴ Isaac Campos, “Mexicans and the Origins of Marijuana Prohibition in the United States: A Reassessment,” *The Social History of Alcohol and Drugs*, vol. 32, 2018, p. 36.

¹¹⁵ Ibid., 36.

temperance movement of the Progressive Era targeted opium, cocaine, and marijuana and its users, which many believed were Chinese immigrants, Black Americans, and Mexican immigrants, respectively. They did this by pathologizing these groups in relation to the drugs they supposedly used. Marijuana was one of the first drugs to be met with prohibition laws. While the Pure Food and Drug Act established restrictions on the sale of these three drugs, the state prohibition laws established a precedent for national legislation. While federal laws prohibiting marijuana would not be passed until 1937 with the Marijuana Tax Act, laws such as the Harrison Narcotics Act of 1914 prohibited the use and sale of opium and coca leaves on the federal level. The most invasive policies against cocaine and other drugs would not take effect until after 1930, but the legal cover of local violent responses to Black Americans who used cocaine was still prevalent at the time. However, the origins of drug use among these three groups can be traced back to labor issues, which Americans largely ignored. Chinese laborers immigrated to the U.S. using a credit-ticket system that they were perpetually indebted to and many turned to opium as a temporary escape from their economic troubles. Mexican migrant workers used marijuana to alleviate pain or sometimes even sold it as another source of income at a time when their labor was exploited and their wages were meager. While the racialization of this issue is evident, the class aspect is less often discussed, but it is essential to a complete understanding of how and why this pathologization occurred.

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